

**REQUEST FOR MEDICAL
EXPENSE INFORMATION**

IM-3105.5

1-99

TO: _____

CASE NUMBER: _____

You have asked for help in paying medical bills you currently owe money on for some or all of your children. In order to see if we can help with these bills, please complete the items below, sign the form, and return in the enclosed envelope. Thank you for your cooperation.

- I. Please list the date and amount of any medical bill you still owe money on for any of the children you are applying for and any parent of these children, if living together. Attach a separate sheet if more space is needed and attach a copy of the bills.

Date of Service	Name of Provider	Amount of Bill	Person Who Received Service

2. Please list any resources you or any other family member (including the children you are applying for) owns.

Type of Resource	Name(s) on Account	Amount	Name of Bank, Credit Union or Company
Cash on Hand			
Checking Account # _____			
Checking Account # _____			
Saving Account # _____			
Saving Account # _____			
Credit Union Account # _____			
Certificates of Deposits # _____			
Stocks, Bonds or Mutual Funds			
Other _____			

Do you own or are you buying your home? ☐ Yes ☐ No Value of Home: _____

Does any household member own or is anyone buying real estate other than the home? ☐ Yes ☐ No

Location of your home or other real estate property: _____

List anyone who co-owns your home or other real estate: _____

Is any household member's name on the title of a car, truck, motorcycle, camper, boat, all terrain vehicle or other vehicle? ☐ Yes ☐ No If yes, complete below.

Year	Make	Model (include # of doors)	Tag #	Amount Owed	Name(s) on Title

Has there been a change in any of these resources since _____? ☐ Yes ☐ No If yes, please explain: _____

3. Has there been any change in the source or amount of your family income from what you reported on your HealthWave application since _____? ☐ Yes ☐ No If yes, please explain:

Please provide copies of your pay stubs for the months of: _____

4. Has anyone moved in or out of your family since _____? ☐ Yes ☐ No If yes, please list name, relationship, and date entered or left: _____

5. Has there been any other changes in your family's circumstances since _____? (Including change in health insurance, address, etc.). ☐ Yes ☐ No If yes, please describe: _____

My signature below signifies that I understand the questions on this form and I understand there are penalties for hiding information or giving false information. I certify under penalty of perjury that my answers are correct and complete to the best of my knowledge.

Head of Household

Date